

Written Comments from Provider Satisfaction Survey

Primary Care Provider Comments

- 1) "Nurse practitioners are fabulous to say the least. Patients benefit quite dramatically positive. Bravo!" (#4)
- 2) "There has been so much turnover in NPs that sometimes it's just easier for me to take over & bypass NP. NPs & RNs seem overworked & cannot remain aware of pt's status in timely fashion especially with Nursing home patients. The program would need to work better for me to take any more partnership patients—they still take too much of my time". (#9)
- 3) "Turnover is too high. Competence of NP is variable. Some want to do everything—prescribe, refer, etc. Others don't know what an abnormal lab is. The concept is great but the quality is lacking in some personnel." (#19)
- 4) "I don't think I've requested info.....I don't know what the contractual agreement is.....I don't think I've had occasion to need to get hold of anyone.....My limited involvement leads me to believe that the NP's in my program tend to want to operate independent of my involvement". (#22)
- 5) "Great Program, great staff!" (#26)
- 6) "The Partnership Service Team that serves my patients really do a good job, and that should be noted...." (#28)
- 7) "Seems like a well run and helpful program" (#40)
- 8) "Excellent Program" (#47)
- 9) "I enjoy working with the nurse practitioners—Both are very responsible" (#55)
- 10) "I only have one pt. In program, but they sure appreciate your help" (#56)
- 11) "Great idea" (#63)
- 12) "Not enough experience to form much of an opinion. I'm not always sure how to communicate after I've seen the patient in the office." (#78)
- 13) "I am never the physician who initiates the care of the patient. (specialist) Patients—especially diabetics—come to me already hooked up with Partnership. It would help me to know what services you are providing to each patient so I can more effectively utilize you." (#81)
- 14) "I find NP never available at night, weekends or holidays. Patients left on their own at that time & I'm left holding the bag. The night nurse staff at CBRFs are very poorly trained." (#84)
- 15) "The Partnerships are excellent programs (I am a provider in 2 of them). This is a much better system for recipients, providers, families and the community than the typical uncoordinated approach." (#98)
- 16) "Excellent model of collaborative Care!" (#103)
- 17) "Partnership Program is good!" (#106)
- 18) "Excellent elderly services!" (#111)

- 19) "They are doing a great job. My patients in WPP are getting the best care. Improves their overall spirits & well being. Especially one nurse goes above & beyond." (#118)
- 20) "Excellent program—wish all my most complicated and frail patients were with this Partnership program". (#120)
- 21) "I think this site is an excellent service and organization and feel they really improve patient care." (#122)
- 22) "I do most of my phone work before 8 am or after 5 pm. No one is available then. (#125)
- 23) "Prefer if nurse practitioner cover weekend on call. There is confusion on weekend and after hours. Calls goes to answering service directly who have no idea how to handle or contact on call MD. They page non-covering MD directly after hours." (#126)
- 24) "There is significant variability in the quality of the NPs I have worked with. There are sometimes perceived 'power struggles' patients experience that limit pts access to their MD providers. I am overall quite satisfied, however would appreciate additional compensation to 'oversee' patients with nurse practitioner's assistance (short of supervision)." (#130)
- 25) "Excellent program—has been very beneficial to a number of my patients." (#133)
- 26) "The Partnership Program serves to bridge an important gap—Lack of continuity through different clinics and different clinical sites. (E.g. hospital, home, nursing home). They are helpful and very professional." (#137)
- 27) "To my knowledge I have not had a lot of direct interaction with this program. Hence it's a bit difficult to give an opinion in some areas." (#146)
- 28) "High turnover of Partnership staff is a frustration for patient and me. Recent pharmacy provider switch created much administrative annoyances. I spend much more time doing unreimbursed coordination of care than I do with reimbursed office visits. A large number of these patients in my practice would not be financially feasible." (#147)
- 29) "Little experience with program." (#148)
- 30) "I've just filled out my Provider Satisfaction Survey, October 2001 and thought I'd send you an email that better explains how this is all working.

I think I have about 5 patients participating in the Partnership program. It seems to me that these patients come in to see me less since they are on this program, but I question whether that savings is realized after one factors in the cost of administering the program. Here are my thoughts. Things I don't like:

Every time I make a change, I have to sign an order slip sent to me by the RN. I think RNs should be allowed to just take care of some things. It's easier for me to deal directly with the patient than to have to go through the nurse and then sign off on everything the nurse does. Many times I end up having to talk to the patient too.

I get little slips (similar to what the nursing homes send me) with the orders that I have to sign off on. These often come about a week later when I don't recall all of the details.

I get detailed lists of the patient's medications and their assessment, but am not reimbursed for double checking everything. If I'm really supposed to read everything over to make sure that it's accurate, this takes a lot of time. Currently, I usually just file them in the chart and don't look at them again. Even this way is extra work for our staff to file these things in the chart that aren't of use and that bothers me.

I have to always make sure that I'm sending the Partnership nurse a copy of all of my notes. Extra work by my staff and no extra reimbursement.

The RNs/NPs are not as experienced as physicians and sometimes overcall things. This creates more work for me. They call me and then I have to spend time over the phone trying to figure things out so the patient doesn't have to spend the money to see me. It's more efficient for me to have the patient come to see me.

Things I like:

My patients can get their medications paid for so it's a good deal for them financially to participate.

The RNs/NPs make some home visits and provide an additional perspective on how the patient is doing.

What I need:

A way to justify the extra time spent with paperwork, phone consults between appointments. Reimbursement in some form for physicians spending time on this stuff is necessary.

Decrease the amount of paperwork between appointments.

Give the RN/NP more autonomy to take care of simple problems and leave me out of it. At the same time, the RN/NP needs to have the good judgement to get me involved if it's something more important.

A Community Medical Record would enhance the communication between the nurses and the clinics, but I don't think we are close to implementing something like this. Here at this Clinic, we have a computerized record that works great for those within the clinic. Communication between the Partnership Program and this Clinic would probably be enhanced with use of electronic communication and sharing of records. I've used emails in a few

cases to communicate with the Partnership nurses, but it's time consuming for me to have to do that too. I haven't put a whole lot of thought into this one.

In summary, the current system is a time waster for me because I frequently find that it's more work than the old fashioned method of just seeing the patient myself. I'm not sure if it's enhancing care all that much. Patients like it because they have significant financial rewards for participating. As a taxpayer, I wonder if it's cost effective.

Thanks for asking for physician input!"

Home Health Care Provider Comments

- 1) "Regarding Partnership Program: I have concerns regarding how my contract is handled and the consistency of beneficial care to clients. I was originally contracted to provide services for pain relief, stress management, relaxation, and improve circulation, sleep, & healing of wounds. I had more than 16 patients/clients when I first started and was reduced to one client (because she insisted I stay on) after 3 months. No real explanation was given. I was told this 'temporary pause' would last approximately 6 weeks, as my work would be researched, then I would be getting clients again. That was in September of 1998. Since then, even though clients have allegedly requested my services to return, I have not been reassigned or contacted to work on any other clients besides the one client who insisted I stay on. This client reports she feels a significant benefit physiologically, emotionally, and mentally from my services. Please call me if you have any further questions." (Site will be given phone number, #17)
- 2) "For most of the clients we have all of this information from the previous case managing agency and they (Partnership staff) are requesting this info from us" (#74)
- 3) "They give you referrals, however, take them away and give them to the lowest bidder". (#91)
- 4) "I have major concerns about the Partnership Program. They have been rude to me, unresponsive to my attempts to provide them with information and have even sometimes made false and inaccurate statements about events or conversations about which I had knowledge either personally or from other sources. I would not accept a referral from them again." (#94)
- 5) "Partnership staff is always very caring and concerned about their clients!" (#95)
- 6) "Our billing department indicates they are slow to pay." (#123)
- 7) "I would love to learn more about the program and how it works. The inaccessibility of staff slowed and complicated the work process. Had little time for information gathering re: the program itself." (#132)
- 8) "Cost savings for tax payers are not evident; many ways only a creation of a new or more bureaucracy." (#138)

- 9) "It has been a pleasure to work with the teams from Partnership. The clients well being and needs are the main focus, this I find refreshing. My questions & concerns are addressed quickly & professionally. The Partnership staff were very supportive when I started my new adult day care program and I would like to return the favor." (# 141)
- 10) "The staff & members of Partnership are wonderful to deal with. The teams are very responsive to members' needs." (#142)
- 11) "Not much contact with Partnership Program." (#143)
- 12) "Need to revisit PPS. Doesn't work at this point and negotiated rates may need to be increased. Concept is good, but improvement in case manager's ability to fiscally and medically manage cases needs to be improved. When calling to speak with case managers many times are transferred numerous times and then have to leave message on voice mail. Poor return rate of phone calls by some case managers." (#150)
- 13) "We believe this program provides a vital service to help disable and elders stay in the community with supportive services. We often refer to the program. We have sometimes had difficulty getting our colleagues at the Partnership site to return phone calls in a timely way—leading to frustration for our clinicians. We have had our physical therapists report that patients have large amounts of durable medical equipment and supplies in their homes, and wonder about the cost effectiveness. We have periodically questioned "lag times" with starting new wound care protocols, and/or making treatment changes on a situation our clinicians perceive as requiring a change in plan of care. Overall, we believe it is a good and vital program." (#153)